PTO/SB/22 (10-00)
Approved for use through 10/31/2002 OMB 0851-0031
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

## DE DIL

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

2103-509105			
	In re Application of van der Klis et al.		
	Application Number 10/018,390 Filed September 9, 2002		
	For INCREASING PLASMA CALCITRIOL LEVELS		
	Group Art Unit 1654	Examiner P. Patten	, &
This is a request under the provisio response in the above identified ap The requested extension and appro (check time period desired):  One month (37 CFR	ns of 37 CFR 1.136(a	) to extend the p	eriod for filing a
The requested extension and appro (check time period desired):	priate non-small-enti	ty fee are as folio	ws The Co
☐ One month (37 CFR	1.17(a)(1))		\$ 6
	R 1.17(a)(2)) \$420.000		
☐ Three months (37 CFR 1.17(a)(3)) \$ <b>%</b>			
☐ Four months (37 CF	R 1.17(a)(4))		
☐ Five months (37 CF	R 1.17(a)(5))		\$
above is reduced by one-half, and the resulting fee is: \$  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1469.  I have enclosed a duplicate copy of this sheet.  I am the ☐ applicant/inventor.  ☐ assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  ☐ attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).			
December 12, 2003		Sint.	A.S.
Date			Signature
			and, Ph.D. Reg. No. 51,622
Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
	CERTIFICATE OF MA	u we	
Express Mail Label Number, EV325784069		MLING	
Date of Deposit: December 12, 2003			
Person Making Deposit: Christopher Haugh	iton		

Butten New Statement: The form is estimated to less 0.1 Hours to complete. Time will very coproding upon the needs of the individual case. Any comments not the amount of time by our serequend to complete in from bounds on sent to the Charleston Officer. U. Spetter and Trademan, Officer. U. Swahington, DC 20231 CO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450 Alternation, V.A. 2231-3436.